WELL DISCHARGE WASTEWATER TREATMENT INSPECTION FORM

Permittee (well owner): Inspector name(s):	Site Address (or location description):		
Continued to the period of the period of the period of the period of the person notified that such changes are needed and the date and time that notification was made: Name: Date/Time: Date/Time: Date/Time: Date/Time: Date/Time: Date/Time: Date/Time: Date/Time of the property agthered and evaluated the information or supervision in accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qualified personnel property agthered and evaluated the information accordance with a system designed to assure that qual	Permittee (well owner):		
Affiliation:			
Affiliation:Phone number(s):	Inspector name(s):		
Weather conditions (e.g. heavy rain):	Qualifications:		
Description of discharge water (after BMP treatment) and any impacts to the receiving stream (note clarity, changes in color, presence of suspended solids or stream deposits): Does the discharge change the water quality of the receiving stream? Yes No If so, approximately how far down the stream do you see an impact from the discharge? Are the BMPs providing adequate treatment? Yes No Are any repairs or adjustments necessary to maintain BMPs? Yes No If so, describe the needed BMP repairs or adjustments: Are additional BMPs necessary to comply with General Permit #6? Yes No If repairs, adjustments, or additions to BMPs are needed, record the name of the person notified that such changes are needed and the date and time that notification was made: Name: Date/Time: Other comments:	Affiliation:	_Phone number(s):	
Description of discharge water (after BMP treatment) and any impacts to the receiving stream (note clarity, changes in color, presence of suspended solids or stream deposits): Does the discharge change the water quality of the receiving stream? Yes No If so, approximately how far down the stream do you see an impact from the discharge? Are the BMPs providing adequate treatment? Yes No Are any repairs or adjustments necessary to maintain BMPs? Yes No If so, describe the needed BMP repairs or adjustments: Are additional BMPs necessary to comply with General Permit #6? Yes No If repairs, adjustments, or additions to BMPs are needed, record the name of the person notified that such changes are needed and the date and time that notification was made: Name: Date/Time: Other comments: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information	Time and Date of Inspection:		
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gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonmen for knowing violations." Permittee or Co-permittee Signature:	I certify under penalty of law that this document and all at accordance with a system designed to assure that qualifie submitted. Based on my inquiry of the person or persons wh gathering the information, the information submitted is, to the am aware that there are significant penalties for submitting fa for knowing violations."	ttachments were prepared under my direction or supervision in the personnel properly gathered and evaluated the information on manage the system, or those persons directly responsible for the best of my knowledge and belief, true, accurate, and complete. It is information, including the possibility of fine and imprisonment	